Attorney Docket No. 402869/NIH DHHS Ref. No. E-319-2003/0-US-1

PSU: 2003-2823

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION AND POWER OF ATTORNEY

☑ Declaration Submitte☑ Declaration Submitte		ng OR ng (surcharge (37 CFR)	1.16(e)) required)				
As a below named invent	or, I hereby decla	re that:					
My residence, post office first, and sole inventor (ij listed below) of the subje	fonly one name i	s listed below) or an orig	ginal, first, and joint in	I believe I am the original, ventor (if plural names are e invention entitled:			
NEURAL NETWORK PATTERN RECOGNITION FOR PREDICTING PHARMACODYNAMICS USING PATIENT CHARACTERISTICS							
the specification of which	n:						
was fil was fil was fil	led by Express M (if applicable).			(if applicable). yet, and was amended on and was amended on			
as amended by any amen I acknowledge the duty	dment referred to to disclose infon- n-in-part application	above. rmation which is mater ons, material informatio	rial to patentability as	defined in 37 CFR 1.56, able between the filing date on-in-part application.			
I claim foreign priority benefits under 35 USC 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application(s) designating at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application(s) for patent, utility model, design registration, inventor's or plant breeder's rights certificate(s), or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter and having a filing date before that of the application(s) from which the benefit of priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed YES NO	Certified Copy Attached? YES NO			
				 			
		L	<u> </u>	<u> </u>			

(In re Appln. of URQUIDI-MACDONALD et al. Attorney Docket No. 402869/NIH

As a named inventor, I hereby appoint the National Institutes of Health, Office of Technology Transfer, 6011 Executive Blvd., Ste. 325, Rockville, Maryland 20852-3804, Telephone (301) 496-7056, as Principal Attorneys and to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith: Customer Number 05318.

05318

Please recognize Leydig, Voit & Mayer as Associate Attorneys in this case: Customer Number 23548.

23548

I further direct that correspondence concerning this application be directed to Leydig, Voit & Mayer: Customer Number 23548.

23548

I declare that all statements made herein of my own knowledge are true, that all statements made on information and belief are believed to be true, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Mirna URQUIDI-MACDONALD	
Inventor's signature wheelon alo	
Inventor's signature	Country of Citizenship: US
Residence: State College, PA (city/state or country)	
Post Office Address: 1010 Greenbrier Dr., State College, PA 16801 (complete mailing address)	
Full name of second joint inventor, if any: Darrell ABERNETHY Inventor's signature	
Date	Country of Citizenship: US
Residence: Annapolis, MD (city/state or country)	
Post Office Address: 3740 Thomas Point Road, Annapolis, MD 21403 (complete mailing address)	
NIH Declaration DC (Revised 7/23/03)	

In re Applin, of URQUIDI-MACDONALD et al. Attorney Docket No. 402869/NH

As a named inventor, I hereby appoint the National Institutes of Health, Office of Technology Transfer, 6011 Executive Blvd., Ste. 325, Rockville, Maryland 20852-3804, Telephone (301) 496-7056, as Principal Attorneys and to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith: Customer Number 05318.

05318

Please recognize Leydig, Voit & Mayer as Associate Attorneys in this case: Customer Number 23548.

23548

I further direct that correspondence concerning this application be directed to Leydig. Voit & Mayer: Customer Number 23548.

23548

I declare that all statements made herein of my own knowledge are true, that all statements made on information and belief are believed to be true, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's signature		, ; 		
Date	<u> </u>			Country of Citizenship: US
Residence: State Co (city/state or country)	ollege, PA			
Post Office Address:	1010 Greenbrier I	Or., State College	PA 16801	
(complete mailing address	(2)			
		ILADEDA'S	TOTO :	
Full name of second Joipt	inventor if any: L	Parrell ABERGA	Tur.	
()	inventor/ir any: L	PARTEII ABERINE		- -
Full name of second Joint Inventor's signature Date 3 29 /	o'	Parrell ABERILE		- Country of Citizenship: US
Inventor's signature	olis, MD	Partell ABERINE		Country of Citizenslup: US